

# SPEND-DOWN REPORT

## Michigan Family Independence Agency

EACH TIME A MEDICAL EXPENSE IS INCURRED BY A MEMBER OF YOUR FAMILY, COMPLETE ONE LINE OF THIS FORM. GIVE ALL REQUESTED INFORMATION. KEEP COPIES OF BILLS OR RECEIPTS FOR ALL MEDICAL EXPENSES, WE NEED TO SEE THEM.

Grantee Name				
Case Number			Grantee Client ID	
County	District	Section	Unit	Specialist
Date			Other ID (as required)	

DATE OF SERVICE	NAME OF FAMILY MEMBER	CHECK ONE	PROVIDER NAME	PROVIDER ADDRESS	AMOUNT OF CHARGE	TOTAL AMT TO DATE
		<input type="checkbox"/> Doctor Visit <input type="checkbox"/> Prescription <input type="checkbox"/> Other				
		<input type="checkbox"/> Doctor Visit <input type="checkbox"/> Prescription <input type="checkbox"/> Other				
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When the expenses listed above are more than your spend-down amount, return this form to your specialist immediately. You may bring this form and proof of your medical expenses to the office or mail them in. **COMPLETE, SIGN AND DATE PAGE 2 OF THIS FORM BEFORE YOU RETURN IT.**

Specialist		Telephone Number
County Name	County Address	
County Family Independence Agency		

1. List yourself and the name of each family member who lives with you.


2. Does any family member receive any income from employment or self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:	Total Monthly Earnings Before Deductions.	Total Monthly Child Care for Employment Purposes.
Person Working	\$	\$
Person Working	\$	\$

3. Does any family member pay support or guardianship expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:	Total Monthly Support Paid.	Total Monthly Guardianship Expenses Paid.
Person Paying Support/Guardianship Exp.	\$	\$
Person Paying Support/Guardianship Exp.	\$	\$

4. Other income you have. Include income of all family members. Every item must be completed.			
TYPE OF INCOME		MONTHLY AMOUNT	WHOSE INCOME
Social Security Benefits (RSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Retirement or Pension Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Disability Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Child Support or Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Military Allotments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Gambling Distributions (Casino profit sharing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

5. Assets you have. Include assets of all family members. Every item must be completed.			
TYPE OF ASSET		VALUE OF ASSET	OWNER OF ASSET
Cash on hand, in a safety deposit box or patient trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Savings, Checking or Credit Union Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Home, life estate, life lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Real Estate (not your home)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Mortgage, land contract or other notes payable to household member	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Savings bonds or money market funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Stock or mutual funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
IRA, KEOGH, 401K or deferred compensation accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Trust Fund(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Cars, trucks, boats, motorcycles, other vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Tools & Equipment, Livestock or Crops	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Funeral contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Burial plot(s), casket, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Certificates of Deposit (C.D.) or savings certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

<b>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL ANSWERS ON THIS FORM ARE TRUE AND COMPLETE.</b>	
Signature	Date
Signature of Spouse	Date